

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
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10		1					60								
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12		1					62								
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18	1						68								
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39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	12						TOTAL IND.								
TOTAL DEP.	13	→		→		→	TOTAL DEP.	→		→		→		→	
TOTAL CLAIMS	25						TOTAL CLAIMS								